

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
TJ 906-6483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1	2	3	4	5
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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